PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005		Docket Number (Optional) 011738.00139	
(fees effective on or after December 8, 2004)		011738.00139	
Application Number 10/687,389		Filed October 15, 2003	
For Scoring of Sensed Neurological Signals For Use With A Medical Device System			
Art Unit 3736		Examiner Michael	C. Astorino
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
○ One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>
☐ Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
☐ Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
☐ Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.	A check in the amount of the fee is enclosed.		
Payment by credit card. Form PTO-2038 is attached.			
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-0733</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the ☐ applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
☑ attorney or agent of record. Registration Number 58,732			
attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
/Stephen L. Sheldon/	/Stephen L. Sheldon/ October 4, 2006		
Signature	•		
Stephen L. Sheldon 312-463-5000			
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if			
more than one signature is required, see below.			
☐ Total of forms are submitted. This collection of information is required by 37 CFR 1,136(a). The information is required to obtain or retain a benefit by the public which is to tile (and by the			

Institution on rimination is required by 37 LH-1. Todgs, I ne information is required to obtain or restain a benefit by the public winch is to the (and by the LBPTO to process) an application. Conditionality is governed by 38 U.S.C. 123 and 37 GPT.1.11 and 1.1.14. This collection is estimated to be 6 mituales to complete in including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments not the amount of time pure unrequire to complete this form and/or suggestions for reducing this burden, should be sent to the Chile information Citizer, U.S. Patient and Tracterack Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for prefature, P.O. Box 1450, Alexandria, V.A. 22313-1450.